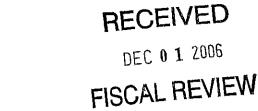
# CONTRACT #13 RFS # 318.66-029

# Department of Finance & Administration

**Bureau of TennCare** 

VENDOR:
John Deere (formerly
Heritage National Health
Plan of TN)





# STATE OF TENNESSEE BUREAU OF TENNCARE 310 Great Circle Road NASHVILLE, TENNESSEE 37243

November 29, 2006

Mr. Jim White, Director Fiscal Review Committee 8<sup>th</sup> Floor, Rachel Jackson Bldg. Nashville, TN 37243

Attention: Leni Chick:

RE: Bureau of TennCare Contracts Submitted for Fiscal Review

Dear Mr. White:

The Department of Finance and Administration, Bureau of TennCare, is submitting for consideration by the Fiscal Review Committee amendment #6 to the Electronic Data Systems Corporation and EDS Information Service, L.L.C., RFS 318.65-080. This competitively bid contract provides Development, Implementation and Replacement of the TennCare Management Information System (TCMIS). This amendment comprises two major components of service, the extension of the current contract Facility Management of the TCMIS and additional services outside the scope of the original contract. The extension of current Facility Management services comprises 40% of the total amendment expenditures. These services include all of the daily operational components required to provide Medicare/Medicaid and Fee for service health care to the 1.1 million Tennessee residents enrolled in TennCare. In order to maintain these services to TennCare enrollees during the development, procurement and implementation of the required replacement contract for our current facility manager (EDS), we requested the extension of the current contract services in order to prepare for this transition. The remaining 60% of the expenditures include two categories of additional components to the Facility Management contract. The first addresses the federally mandated requirement that all health care providers within the United States posses a unique National Provider Identification (NPI) number. The Code of Federal Regulations requires the implementation of NPI by May 27, 2007. This requires TennCare to modify all systems in order to identify all providers using the NPI. This modification to our systems is funded by 90% Federal Funds Participation. The second component of additional services identifies areas outside the scope of services specifically listed in the original contract. These ancillary components of the amendment indirectly address areas TennCare is responsible for adhering to judicial decrees, as well as improved operational efficiencies.

Additionally, TennCare is submitting for review amendment #1 to QSource Center for Healthcare Quality, RFS 318.65-205, the competitively bid contractor providing External Quality Review of TennCare Managed Care Organizations, Behavioral Health Organization and the Dental Benefits Manager. This amendment provides an additional component of comprehensive quality assurance and quality improvement including elderly and disabled Home and Community Based (HCBS) programs in Tennessee. The elderly and disabled waiver programs include the Statewide HCBS Waiver for the Elderly and Disabled as well as the Program of All-Inclusive Care for the Elderly (PACE) Program. TennCare's Long Term Care Program is mandated by the Centers of Medicaid and Medicare Services (CMS) to provide quality assurance and quality improvement programs. We feel it is in the best interest of the State to rely on an already established contractor to perform these critical oversight functions until a competitively awarded contractor can be identified solely for the elderly and disabled. Funding to support this one year amendment is \$179,820.00.

The following Managed Care Organizations (MCOs) are being amended to provide extension of term as well as funding to support this extension. Additionally, the amendment provides the following modifications to current MCO language: (1) Fraud and Abuse language clarification, incorporating CMS requirements as they relate to enrollee hospice care; (2) In response to request from Fiscal Review, incorporates revisions to requirements of current Conflict of Interest language; (3) clarification of Systems Requests including Disaster Recovery Plan; (4) Pursuant to the provisions of the federal "Pro-Children Act of 1994" and the Tennessee "Children's Act for Clean Indoor Air of 1995," includes language prohibiting the MCO or any provider from smoking tobacco products within any indoor premises in which services are provided pursuant to individuals under the age of eighteen (18) years; (5) Prohibition of Illegal Immigrants, per the requirements of Public Acts of 2006, Chapter Number 878, of the state of Tennessee, addressing the use of illegal immigrants in the performance of services to the state of Tennessee and (6) revised reimbursement requirements for non-participating emergency providers in accordance with the Deficit Reduction Act.

Volunteer State Health Plan, Inc. (TennCare Select)	RFS 318.66-026	FA-02-14632-16
Volunteer State Health Plan, Inc.	RFS 318.66-028	FA-02-14859-19
Memphis Managed Care Corp (TLC)	RFS 318.66 <sub>7</sub> 030	FA-02-14861-02
Unison Health Plan of TN, Inc.	RFS 318.66-017	FA-02-14858-12
Preferred Health Plan	RFS 318.66-032	FA <b>-</b> 02-14863-11
John Deere	RFS 318.66-029	FA-02-14860-11
Windsor Health Plan of TN, Inc.	RFS 318.66-033	FA-02-14864-11
(term extension for 3 mos. only)		
UAHC Health Plan of TN, Inc.	RFS 318.66-027	FA-02-14862-12
(term extension for 6 mos. only)		

The following two new competitively awarded Middle Tennessee MCOs are being amended to include the following modifications: (1) Require submission of Fraud and Abuse Compliance Plan for review and approval; (2) Clarification of reimbursement requirements of Hospice benefit package; (3) additional reporting requirements to support utilization activities; (4) clean up language of Deficit Reduction Act (payment requirements for out-of-plan emergency services) to refer to rules for payment terms in accordance with DRA; (5) Clarification of TPL/Subrogation reporting; addition of PCP, MRI, CT, and PET reporting; (6) Strengthen/Broaden language to require notice of any legal action against MCC or parent company; (7) Clarify that State does not have liability for costs beyond administrative fee, including liquidated damages, penalties, etc. (8) added State's language as required by new legislation that prohibits illegal immigrants from performing services of state contracts, and (9) revisions made for consistency throughout the agreement.

United HealthCare Plan of the River	RFS 318.66-051	FA-07-16937-01
Valley, Inc.		
AMERIGROUP Tennessee, Inc.	RFS 318.66-052	FA-07-16936-01

In addition to the amendments listed above, TennCare is also submitting for review the following Behavioral Health Organization (BHO) amendments that provides the following modifications to BHO language: (1) New reporting requirements for Institutions for Mental Disease (IMD); (2) Additional language reinforcing requirements for EPSDT outreach and responsibility of the BHOs for services delegated to their providers; (3) Add requirement of Fraud and Abuse Compliance Plan for review and approval; (4) Clean up Deficit Reduction Act language to refer to rules for payment terms in accordance with DRA; (5) Revise Conflict of Interest language to be consistent with Middle TN RFP Pro Forma in accordance with agreed upon language with Fiscal Review; (6) Clarification of TPL reporting and IS/Disaster recovery reporting; (7) strengthen language to require notice of any legal action against MCC or parent company; (8) added language mandated by new legislation prohibiting use of illegal immigrants for performance of state contracts; (9) clarify that state has no liability for costs beyond administrative fee,

Mr. Jim White Page 3

including liquidated damages, penalties, etc.; (10) general housekeeping revisions made for consistency throughout the agreement.

Premier Behavioral Health Systems	RFS 318.66-022	FA-01-14662-17
Of Tennessee, LLC Tennessee Behavioral Health, Inc. Tennessee Behavioral Health, Inc. (East Tennessee Region)	RFS 318.66-023 RFS 318.66-050	FA-01-14661-16 FA-05-16089-07

The Bureau of TennCare would greatly appreciate the consideration and approval of these amendments by the Fiscal Review Committee,

Sincerely,

Scott Pierce

Chief Financial Officer

Cc:

Darin J. Gordon, Deputy Commissioner

Alma Chilton

### REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED		
	18	
Commissioner of Finance & Adm	inistration	
Date:		

A REQUEST CAN NOT I	ns below indicates specific info BE CONSIDERED IF INFORMAT ACH OF THE REQUIREMENTS I	ION PROVIDE	nust be individually detailed or add D IS INCOMPLETE, NON-RESPONS AS REQUIRED.	ressed <u>as required</u> . SIVE, OR DOES NOT	
RFS# 318.66-0	029				
STATE AGENCY NAME:	Department of Finance and	Administration	n, Bureau of TennCare		
SERVICE CAPTION:	Managed Care Organization TennCare/Medicaid Populat		dically Necessary Health Care Se	ervices to the	
CONTRACT #	FA-02-14860-00		PROPOSED AMENDMENT #	11	
CONTRACTOR:	John Deere (formerly Herita	ge National H	•		
CONTRACT START DATE		July 1, 2001		CEIVED	
CURRENT, LATEST POSS (including ALL options to ext		12/31/2006		AL REVIEW	
CURRENT MAXIMUM LIAB	HLITY.	\$844,214,61		A Nove I Lance W 15mm W W	
LATEST POSSIBLE END D (including ALL options to ext	ATE <u>WITH</u> PROPOSED AMI end)	ENDMENT:	12/31/2007		
TOTAL MAXIMUM COST Was (including ALL options to ext	/ITH PROPOSED AMENDME end)	ENT :	\$944,228,015.57		
APPROVAL CRITERIA: use of Non-Competitive Negotiation is in the best interest of the state					
	only one uniquely qu	alified servic	e provider able to provide the	service	
ADDITIONAL REQUIRED R	REQUEST DETAILS BELOW	(address eac	th item immediately following the	requirement text)	
(1) description of the prop	osed additional service and	d amendment	effects:		

individuals under the age of eighteen (18) years; (6) Prohibition of Illegal Immigrants, per the requirements of Public Acts of 2006. Chapter Number 878, of the state of Tennessee, addressing the use of illegal immigrants in the performance of services to the state of Tennessee and (7) revised reimburesment requirements for non-participating emergency providers in accordance with the Deficit Reduction Act. (2) explanation of need for the proposed amendment: This amendment is needed to make above modifications as well as provide funding for additional one year extension. (3) name and address of the proposed contractor's principal owner(s): (not required if proposed contractor is a state education institution) 408 North Cedar Bluff Road, Suite 400, Knoxville, TN 37923 (4) documentation of OIR endorsement of the Non-Competitive procurement request: (required only if the subject service involves information technology) Documentation Attached to this Request select one: Documentation Not Applicable to this Request (5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request (required only if the subject service involves training for state employees) Documentation Attached to this Request Documentation Not Applicable to this Request select one: (6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation: This Contractor is currently providing a network of services for the TennCare Program. This is an amendment to current contract. (7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment # The Bureau of TennCare is currently modifying all of the MCO contracts to provide specific language changes for clarity and compliance with Fiscal Review as well as CMS. These MCO contracts provide necessary Health Care Services to the TennCare/Medicaid Population and TennCare would greatly appreciate approval of this amendment by the Commissioner of F&A. AGENCY HEAD REQUEST SIGNATURE: (must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR - signature by an authorized signatory will be accepted only in documented exigent circumstances) SIGNATURE DATE

This amendment provides the following modifications to current MCO language: (1) Fraud and Abuse language clarification, incorporating CMS requirements as they relate to enrollee hospice care; (2) In response to request from Fiscal Review, incorporates revisions to requirements of current Conflict of Interest language; (3) Extends term date for an additional year, and provides funding to support term extension; (4) clarification of Systems Requests including Disaster Recovery Plan; (5) Pursuant to the provisions of the federal "Pro-Children Act of 1994" and the Tennessee "Children's Act for Clean Indoor Air of 1995," includes language prohibiting the

MCO or any provider from smoking tobacco products within any indoor premises in which services are provided pursuant to

CONTRACT SUMMARY SHEET							
RFSAlumber: 318.66-029				Contract Number: FA-02-14860-11			
State Agency:	Department of Finance a	nd Administration		Division:	Bureau of TennCare		
	i di shariji di di karing po	ontiactor			act Identification	Number	
JOHN DEERE	(formerly Heritage I	National Health Plan	of TN)	□ C-			
			Service Description				
Managed Care	Organization Service	es/Medically necessa	ry Health Care Service	es to the TennCare	e/Medicaid Popul	ation	
問門一場於斯斯法	Contra	ct Begin Date			Contract End Dat	le is sure sense de la	
7/1/2001			•	12/31/2007			
Allotment Code	Cost Center	Object Code	Fund (	Grant	Grant Code	Subgrant Code	
318.66	4A4	134	11	☐ STARS			
			Interdepartmental			Amount (including	
FY	State Funds	Federal Funds	Funds	Other Funding		nendments	
2002	\$ 46,137,900.00	\$ 80,885,019.00			\$	127,022,919.00	
2003	\$ 50,389,400.00	\$ 86,660,300.00			\$	137,049,700.00	
2004	\$ 49,908,299.02 \$ 62,904,600.00	\$ 90,540,889.55 \$ 106,935,100.00			\$	140,449,188.57	
2006	\$ 62,904,600.00	\$ 106,935,100.00 \$ 106,935,100.00	<del></del>		\$	169,839,700.00	
2007	\$70,589,461.00	\$ 129,437,347.00	· · · · · · · · · · · · · · · · · · ·			\$ 169,839,700.00 \$200,026,808.00	
Zoo,	\$ 342,834,260.02	\$ 601,393,755.55			\$	944,228,015.57	
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CODAF	ntiels depringuisations are sure suprement	DEADLE SHIP DESCRIPTION CONTRACTOR	Jervices Historia			Y If the answer is YES.	
	Scott Pierce	iscal Contract		is the Contractor a Si	JBRECIPIENT? (per	OMB A-133)	
Name: Address:	310 Great Circle Road			Is the Contractor a Vendor? (per OMB A-133)			
Phone:	Nashville, TN						
Participation of the Control of the	(615)507-6415	the Gallings of Albertages and Change State and Assessment		Is the Fiscal Year Funding STRICTLY LIMITED?			
排与中区单定P	rocuring Agency Budg	jet Officer Approval Si	gnature di la	Is the Contractor on STARS?			
Scott Pierce	/11/h	<u></u>		Is the Contractor's FORM W-9/ATTACHED?			
Scott Pierce	STU			Is the Contractor's Fo			
	COMPLETE FOR A	LL AMENDMENTS (or		Annual business and inches and inches and the series of th	Solitan exist a marchine in the contract of the contract of the contract of	on sile	
ng Jews West		Base Contract & Prior		Pursuant to T.C.A., Se	ction 9-6-113, I, M. D	). Goetz, Jr.,	
			This Amendment ONLY	Commissioner of Finar	ice and Administation	n, do hereby certify that	
ENDIDATE: 12/31/2006 12/31/2007			there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay				
Ψ121,022,010.00			iobligations previously i		ounselen to bay		
FY: 03 \$137,049,700.00							
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FY: 05 FY: 06	· · · · · · · · · · · · · · · · · · ·	\$169,839,700.00 \$169,839,700.00					
FY: 06		\$100,013,404.00	\$100,013,404.00			•	
	Total:	\$844,214,611.57	\$100,013,404.00				
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#### (General) AMENDMENT NUMBER,

## AMENDED AND RESTATED CONTRACTOR RISK AGREEMENT BETWEEN

THE STATE OF TENNESSEE,
d.b.a. TENNCARE
AND
CONTRACTOR NAME,
d.b.a.

RECEIVED

DEC 0 1 2006

FISCAL REVIEW

CONTRACT NUMBER: FA-

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Amended and Restated Contractor Risk Agreement (CRA) by and between the State of Tennessee TennCare Bureau, hereinafter referred to as TENNCARE, and Contractor Name, hereinafter referred to as the CONTRACTOR as specified below.

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language.

 Section 1-5.b.1 shall be amended by adding new text to the end of the existing text so that the amended Section 1-5.b.1 shall read as follows:

#### 1-5. b. Fraud and Abuse Compliance Plan

- 1-5.b.1. The CONTRACTOR shall have a written Fraud and Abuse compliance plan. A paper and electronic copy of the plan shall be provided to TENNCARE. The CONTRACTOR's specific internal controls and polices and procedures shall be described in a comprehensive written plan and be maintained on file with the CONTRACTOR and submitted for review to TENNCARE within thirty (30) calendar days of the effective date of this Agreement and annually thereafter. TENNCARE shall provide notice of approval, denial, or modification to the CONTRACTOR within thirty (30) calendar days of receipt. The CONTRACTOR shall make any requested updates or modifications available for review to TENNCARE as requested by TENNCARE and/or the TennCare Program Integrity Unit within thirty (30) calendar days of a request. The State shall not transfer their law enforcement functions to the CONTRACTOR.
- 2. The Hospice Benefit, Sitter Benefit, and Convalescent Gare Benefit descriptions in Section 2-3.a.1(b) shall be deleted and replaced and shall read as follows:

Hospice	As medically necessary. Must be provided by a Medicare-certified
Care	hospice.
	Provided and reimbursed in accordance with state and federal requirements, including but not limited to the following:
	• Rates shall be no less than the federally established Medicaid hospice rates (updated each FFY), adjusted by area wage
	adjustments for the categories described by CMS;
	The rates described above shall be subject to the annual cap for
	Medicaid Hospice rates as provided annually by CMS; and
	• If a Medicaid hospice patient resides in a nursing facility (NF), the CONTRACTOR must pay an amount equal to at least 95

Sitter	Medicaid/Standard Eligible, Age 21 and older: NON COVERED
	Medicaid/Standard Eligible, Under age 21: Covered as medically necessary. Effective February 1, 2007, Non-Covered, unless the CONTRACTOR is otherwise notified by TENNCARE.
Convalescent Care	Medicaid/Standard Eligible, Age 21 and older: NON COVERED
	Medicaid/Standard Eligible, Under age 21: Covered as medically necessary. Effective February 1, 2007, Non-Covered, unless the CONTRACTOR is otherwise notified by TENNCARE.

- 3. Section 2-3.a.2 shall be deleted and replaced in its entirety and shall read as follows:
  - 2-3.a.2(a) The service thresholds and the CONTRACTOR's responsibility once a non-institutionalized adult has met the threshold are as follows:

	Threshold for Non Institutionalized Medicard Eligibles: Age 21 and Older	Responsibility Once
Inpatient Hospital	20 days per SFY	Enroll member in MCO case
Services		management or disease
•		management program,
		whichever is more appropriate
		·

4. Section 2-3.k.1 shall be amended by deleting and replacing the fourth sentence so that the amended Section 2-3.k.1 shall read as follows:

#### 2-3.k.1. Emergency Medical Services obtained from Out of Plan Providers

The CONTRACTOR's plan shall include provisions governing utilization of and payment by the CONTRACTOR for emergency medical services received by an enrollee from non-contract providers, regardless of whether such emergency services are rendered within or outside the community service area covered by the plan. Coverage of emergency medical services shall not be subject to prior authorization by the CONTRACTOR and shall be consistent with federal requirements regarding post-stabilization services, including but not limited to, 42 CFR Section 438.114(c)(1)(ii)(A). Utilization of and payments to non-contract providers may, at the CONTRACTOR's option, be limited to the treatment of emergency medical conditions, including

post-stabilization care that includes medically necessary services rendered to the enrollee until such time as he/she can be safely transported to an appropriate contract service location. Payment amounts shall be in accordance with TENNCARE rules and regulations for emergency out-of-plan services. Payment by the CONTRACTOR for properly documented claims for emergency medical services rendered by a non-contract provider shall be made within thirty (30) calendar days of receipt of a clean claim by the CONTRACTOR.

The CONTRACTOR must review and approve or disapprove claims for emergency medical services based on the definition of emergency medical services specified in Section 1-3 of this Agreement. If the CONTRACTOR determines that a claim requesting payment of emergency medical services does not meet the definition as specified in Section 1-3 and subsequently denies the claim, the CONTRACTOR shall notify the provider of the denial. This notification shall include information to the provider regarding the CONTRACTOR's process and timeframes for reconsideration. In the event a provider disagrees with the CONTRACTOR's decision to disapprove a claim for emergency medical services, the provider may pursue the independent review process for disputed claims as provided by T.C.A., Section 56-32-226, including but not limited to MCO reconsideration.

- 5. Section 2-3.s.2(b) shall be amended by deleting item (2) and renumbering the remaining items.
  - (b) The CONTRACTOR shall provide MCO case management to members who are at high risk or have unique, chronic, or complex needs. This shall include but not be limited to:
    - (1) Members who have reached the service threshold for inpatient hospital services;
    - (2) Members with co-occurring mental illness and substance abuse, and/or co-morbid physical health and behavioral health conditions;
    - (3) Members who meet the requirements at 2-3.s.5(a) regarding excessive and/or inappropriate Emergency Department Utilization; and
    - (4) Children with special health care needs unless already enrolled in an appropriate disease management program.
- 6. Section 2-3.s.6(b) shall be amended by deleting item (2) and renumbering the remaining items.

#### (b) Member Identification Strategies

The MCO must have a systematic method of identifying and enrolling eligible members in each DM program. This shall include but not be limited to:

- (1) Members who have reached the service threshold for inpatient hospital services (see Section 2-3.a.2).
- (2) Members who meet the requirements at 2-3.s.5(f)(3) regarding excessive and/or inappropriate Emergency Department Utilization who could potentially benefit from enrollment in a disease management program.
- (3) Members who have reached the service threshold for inpatient hospital services shall be enrolled in either a disease management program or MCO case management, whichever the CONTRACTOR determines is more appropriate.
- 7. Section 2-9 k.7 shall be deleted and replaced in its entirety.

#### 2-9.k.7. Subrogation (Casualty) Recovery

The CONTRACTOR shall conduct diagnosis and trauma code editing to identify potential subrogation related claims. This editing should, at a minimum, identify claims with a diagnosis

of 800.00 thru 999.99 (excluding 994.6) or a claim submitted with an accident trauma indicator of 'Y'. TENNCARE approved questionnaires or other type TENNCARE approved forms shall be used to gather data and information pertinent to potential subrogation cases. TENNCARE shall determine a threshold amount for which a subrogation case should be pursued. Subrogation cases must be approved in writing by TENNCARE prior to the CONTRACTOR presenting offers or executing settlements.

8. Section 2-9 shall be amended by adding a new Section 2-9.0 which shall read as follows:

#### 2-9.0 Business Continuity and Disaster Recovery (BC-DR) Plan

- (a) Regardless of the architecture of its Systems, the CONTRACTOR shall develop and be continually ready to invoke a BC-DR plan that is reviewed and prior approved by TENNCARE.
- (b) At a minimum the CONTRACTOR's BC-DR plan shall address the following scenarios:

  (a) the central computer installation and resident software are destroyed or damaged, (b) System interruption or failure resulting from network, operating hardware, software, or operational errors that compromises the integrity of transactions that are active in a live system at the time of the outage, (c) System interruption or failure resulting from network, operating hardware, software or operational errors that compromises the integrity of data maintained in a live or archival system, and (d) System interruption or failure resulting from network, operating hardware, software or operational errors that does not compromise the integrity of transactions or data maintained in a live or archival system but does prevent access to the System, i.e., causes unscheduled System unavailability.
- (c) The CONTRACTOR's BC-DR plan shall specify projected recovery times and data loss for mission-critical Systems in the event of a declared disaster.
- (d) The CONTRACTOR shall periodically, but no less than annually, test its BC-DR plan through simulated disasters and lower level failures in order to demonstrate to TENNCARE that it can restore System functions.
- (e) The CONTRACTOR shall submit a baseline BC-DR plan to TENNCARE and communicate proposed modifications as required in Section 2.10.1.
- 9. Section 2-10.e. shall be amended by deleting and replacing Section 2-10.e.2 in its entirety and adding a new 2-10.e.4.

#### 2-10.e.2. TPL Reporting

(a) Cost Avoidance Value Reporting. The CONTRACTOR shall report all claim adjustment amounts due to TPL coverage or Medicare coverage on a frequency and in a format and media described by TENNCARE. The CONTRACTOR shall calculate cost savings in categories described by TENNCARE.

#### 2-10.e.4 Payment for Out-of-Plan Emergency Providers

The CONTRACTOR shall report to TENNCARE the average payment rate paid to out-of-plan emergency providers by January 31 each calendar year.

10. Section 2-10.1 shall be deleted and replaced in its entirety so that the new Section 2-10.1 shall read as follows:

#### 2-10.1. Business Continuity and Disaster Recovery Reports

The CONTRACTOR shall submit a baseline *Business Continuity and Disaster Recovery (BC-DR)* plan for review and approval as specified by TENNCARE. The CONTRACTOR shall communicate proposed modifications to the BC-DR plan at least fifteen (15) calendar days prior to their proposed incorporation. Such modifications shall be subject to review and approval by TENNCARE.

11. Section 2-10.p shall be amended by adding a new 2-10.p.1 and renumbering the existing items accordingly so that the new 2-10.p.1 shall read as follows:

#### 2-10.p.1PCP Visits

The CONTRACTOR shall submit a quarterly *PCP Visits Per Member Per Year Report* in the format prescribed by TENNCARE. The number of PCP visits per member during the reporting quarter shall be projected to reflect a twelve (12) month period.

- 12. Section 2-10.t shall be deleted in its entirety.
- 13. Section 2 shall be amended by adding a new Section 2-25 which shall read as follows:
- 2-25. Notice of Legal Action

The CONTRACTOR shall give TENNCARE and the Tennessee Department of Commerce and Insurance, TennCare Division, immediate notification in writing by Certified Mail of any administrative or legal action or complaint filed regarding any claim in law or equity made against the CONTRACTOR or an affiliate of the CONTRACTOR, including but not limited to a parent company; by a provider, enrollee, subcontractor or any other party, including but not limited to notice of any arbitration proceedings instituted between a provider and the CONTRACTOR.

- 14. Section 2 shall be amended by adding a new Section 2-26 which shall read as follows:
- 2-26. <u>Prohibition of Illegal Immigrants</u>. The requirements of Public Acts of 2006, Chapter Number 878, of the state of Tennessee, addressing the use of illegal immigrants in the performance of any contract to supply goods or services to the state of Tennessee, shall be a material provision of this Contract, a breach of which shall be grounds for monetary and other penalties, up to and including termination of this Contract.
  - a. The Contractor hereby attests, certifies, warrants, and assures that the Contractor shall not knowingly utilize the services of an illegal immigrant in the performance of this Contract and shall not knowingly utilize the services of any subcontractor who will utilize the services of an illegal immigrant in the performance of this Contract. The Contractor shall reaffirm this attestation, in writing, by submitting to the State a completed and signed copy of the document as Attachment II, hereto, semi-annually during the period of this Contract. Such attestations shall be maintained by the contractor and made available to state officials upon request.
  - b. Prior to the use of any subcontractor in the performance of this Contract, and semi-annually thereafter, during the period of this Contract, the Contractor shall obtain and retain a current, written attestation that the subcontractor shall not knowingly utilize the services of an illegal immigrant to perform work relative to this Contract and shall not knowingly utilize the services of any subcontractor who will utilize the services of an illegal immigrant to perform work relative

- to this Contract. Attestations obtained from such subcontractors shall be maintained by the contractor and made available to state officials upon request.
- c. The Contractor shall maintain records for all personnel used in the performance of this Contract. Said records shall be subject to review and random inspection at any reasonable time upon reasonable notice by the State.
- d. The Contractor understands and agrees that failure to comply with this section will be subject to the sanctions of Public Chapter 878 of 2006 for acts or omissions occurring after its effective date. This law requires the Commissioner of Finance and Administration to prohibit a contractor from contracting with, or submitting an offer, proposal, or bid to contract with the State of Tennessee to supply goods or services for a period of one year after a contractor is discovered to have knowingly used the services of illegal immigrants during the performance of this contract.
- e. For purposes of this Contract, "illegal immigrant" shall be defined as any person who is not either a United States citizen, a Lawful Permanent Resident, or a person whose physical presence in the United States is authorized or allowed by the federal Department of Homeland Security and who, under federal immigration laws and/or regulations, is authorized to be employed in the U.S. or is otherwise authorized to provide services under the Contract.
- 15. Section 3-10.i shall be amended by adding a new Section 3-10.i.12 which shall read as follows:
  - 3-10.i.12. The administrative fee payments specified in Section 3-10.i and Attachment X of this Agreement, as amended, shall represent payment in full. TennCare shall not reimburse CONTRACTOR for any costs, liquidated damages and/or penalties incurred by the CONTRACTOR and which result from actions or inactions, including penalties associated with CONTRACTOR's failure to timely pay any and all expenses, fees, taxes and other regulatory/ministerial costs associated with the requirements of operating as an HMO in this state. The taxes, fees, expenses, and other regulatory/ministerial costs referenced herein shall include but not be limited to premium taxes associated with any and all obligations required by the Tennessee Health Maintenance Organization Act of 1986 codified at Tennessee Code Annotated § 56-32-201 et seq. or any subsequent amendments thereto and/or the Tennessee Prepaid Limited Health Services Act of 200 codified at Tennessee Code Annotated § 56-51-101 et seq. or any subsequent amendments thereto.
- 16. Section 4-1 shall be amended by adding a new Section 4-1.ee which shall read as follows:
  - 4-1.ee. Federal Pro-Children Act of 1994 and the Tennessee Children's Act for Clean Indoor Air of 1995.
- 17. Section 4-7 shall be deleted and replaced in its entirety so that the amended Section 4-7 shall read as follows:

#### 4-7. CONFLICT OF INTEREST

4-7.a. The CONTRACTOR warrants that no part of the total Agreement amount provided herein shall be paid directly, indirectly or through a parent organization, subsidiary or an affiliate organization to any state or federal officer or employee of the State of Tennessee or any immediate family member of a state or federal officer or employee of the State of Tennessee as wages, compensation, or gifts in exchange for acting as officer, agent, employee, subcontractor, or consultant to the CONTRACTOR in connection with any work contemplated or performed relative to this Agreement unless disclosed to the Commissioner, Tennessee Department of

Finance and Administration. For purposes of Section 4.19 and its subparts of this contract, "immediate family member" shall mean a spouse or minor child(ren) living in the household.

- 4.7.a.1 Quarterly, by January 30, April 30, July 30, and October 30 each year, or at other times or intervals as designated by the Deputy Commissioner of the Bureau of TennCare, disclosure shall be made by the CONTRACTOR to the Deputy Commissioner of the Bureau of TennCare, Department of Finance and Administration in writing. The disclosure shall include, but not be limited to, the following:
  - 4.7.a.1.(a) A list of any state or federal officer or employee of the State of Tennessee as well as any immediate family member of a state or federal officer or employee of the State of Tennessee who receives wages or compensation from the CONTRACTOR; and
  - 4.7.a.1.(b) A statement of the reason or purpose for the wages or compensation.

    The disclosures shall be made by the CONTRACTOR and reviewed by TENNCARE in accordance with Standard Operating Procedures and the disclosures shall be distributed to, amongst other persons, entities and organizations, the Commissioner, Tennessee Department of Finance and Administration, the Tennessee Ethics Commission, the TennCare Oversight Committee and the Fiscal Review Committee.
- 4.7.a.2 This Agreement may be terminated by TENNCARE and/or the CONTRACTOR may be subject to sanctions, including liquidated damages, under this Agreement if it is determined that the CONTRACTOR, its agents or employees offered or gave gratuities of any kind to any state or federal officials or employees of the State of Tennessee or any immediate family member of a state or federal officer or employee of the State of Tennessee if the offering or giving of said gratuity is in contravention or violation of state or federal law. It is understood by and between the parties that the failure to disclose information as required under Section 4.19 of this Agreement may result in termination of this Agreement and the CONTRACTOR may be subject to sanctions, including liquidated damages in accordance with Section 4.20 of this Agreement. The CONTRACTOR certifies that no member of or delegate of Congress, the United States General Accounting Office, DHHS, CMS, or any other federal agency has or will benefit financially or materially from this Agreement.
- 4.7.b The CONTRACTOR shall include language in all subcontracts and provider agreements and any and all agreements that result from this Agreement between CONTRACTOR and TENNCARE to ensure that it is maintaining adequate internal controls to detect and prevent conflicts of interest from occurring at all levels of the organization. Said language may make applicable the provisions of Section 4.19 to all subcontracts, provider agreements and all agreements that result from the Agreement between the CONTRACTOR and TENNCARE.
- 18. Section 4-8.b.1 shall be amended by adding a due date for Semi-Annual Reports which shall read as follows:

Semi-Annual Reports	January 31 and July 31.	

#### 4-28. Term of the Agreement

This Agreement and its incorporated attachments, if any, as well as all Amendments to this Agreement, contain all of the terms and conditions agreed upon by the parties, and when executed by all parties, supersedes any prior agreements except as stated in Section 1-7. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall be in effect from July 1, 2001, subject to approval by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. The term of this Agreement shall expire on December 31, 2007. Notwithstanding any provision herein to the contrary, this Agreement shall automatically renew for calendar year 2008 with an expiration date of December 31, 2008 unless the CONTRACTOR or the State complies with Section 4-2.(f) regarding non-renewal or unless the State approves termination of the Agreement in accordance herewith. Said renewal shall be automatic and shall not require any notice or other action.

Notwithstanding any provision herein to the contrary, the State may terminate this Agreement if the waiver governing TennCare is terminated. The documents referenced in the Agreement are on file with the CONTRACTOR and with TENNCARE and the CONTRACTOR is aware of their content. No other agreement, oral or otherwise regarding the subject matter of this Agreement, shall be deemed to exist or to bind any of the parties hereto.

20. Attachment II shall be deleted and replaced in its entirety and shall read as follows:

ATTACHMENT II

#### ATTESTATION RE PERSONNEL USED IN CONTRACT PERFORMANCE

SUBJECT CONTRACT NUMBER:			
CONTRACTOR LEGAL ENTITY NAME:			
FEDERAL EMPLOYER IDENTIFICATION NUMBER: (or Social Security Number)	·		

The Contractor, identified above, does hereby attest, certify, warrant, and assure that the Contractor shall not knowingly utilize the services of an illegal immigrant in the performance of this Contract and shall not knowingly utilize the services of any subcontractor who will utilize the services of an illegal immigrant in the performance of this Contract.

SIGNATURE & DATE:

NOTICE: This attestation MUST be signed by an individual empowered to contractually bind the Contractor. If said individual is not the chief executive or president, this document shall attach evidence showing the individual's authority to contractually bind the Contractor.

21. Attachment XII, Exhibit L.3 shall be amended by adding MRI, CT Scan and PET Scan's per 1000.

# ATTACHMENT XII, Exhibit L.3

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All of the provisions of the original Agreement not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective January 1, 2007 or as of the date it is approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

STATE OF TENNESSEE	
DEPARTMENT OF FINANCE	
AND ADMINISTRATION	MCO NAME
BY:	BY:
M. D. Goetz, Jr.	Name
Commissioner	. Title
DATE:	DATE:
APPROVED BY:	APPROVED BY:
STATE OF TENNESSEE	
DEPARTMENT OF FINANCE	STATE OF TENNESSEE
AND ADMINISTRATION	COMPTROLLER OF THE TREASURY
BY:	BY:
M. D. Goetz, Jr.	John G. Morgan
Commissioner	Comptroller
DATE:	DATE:

		CONTRA	ACT SUMMARY S	SHEET			
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2003	\$ 50,389,400.00	\$ 86,660,300.00			\$	137,049,700.00	
2004	\$ 49,908,299.02	\$ 90,540,889.55	·		\$	140,449,188.57	
2005	\$ 62,904,600.00	\$ 106,935,100.00			\$	169,839,700.00	
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Phone:	Nashville, TN			Is the Fiscal Year Funding STRICTLY LIMITED?			
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COMPINGLIER'S OFFICE
MANAGEMENT SERVICES

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## REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED		
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Commissioner of FI	nance & Administration	

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SERVICE CAPTION	Managed Care Organization Services/Me TennCare/Medicaid Population	dically Necessary Health Care Services to the
CONTRACT#	FA-02-14860-00	PROPOSED AMENDMENT# 7
CONTRACTOR	John Deere (formerly Heritage National H	eaith Plan of TN)
CONTRACT START DATE	图写的图1995年第二 <u> </u>	
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APPROVAL CRITERIA : (select one)	use of Non-Competitive Negotiat	ion is in the best interest of the state
	<u> </u>	ce provider able to provide the service
ADDITIONAL REQUIRED I	REQUEST DETAILS BELOW (address ea	ch item immediately following the requirement text)
(1) description of the pro	posed additional service and amendme	it effects:
Implements the TennCare F of interst disclosure require	Poform language as approved by CMS and	the courts; Requires NCQA accrediation; strengthens conflict nents; lowers the administrative fee to mirror TennCare Select;

(2) explanation of need for the proposed amendment.	
Due to TennCare changes recently approved by CMS and courts, it is necessar as well as providing needed amended financial requirements and language clari-	y to amend the MCO contracts to conform to changes fications.
(3) name and address of the proposed contractor's principal owner(s):  (not required if proposed contractor is a state education institution)	
408 North Cedar Bluff Road, Suite 400, Knoxville, TN 37923	
(4) documentation of OIR endorsement of the Non-Competitive procureme (required only if the subject service involves information technology)	nt request :
select one: Documentation Not Applicable to this Request	Documentation Attached to this Request .
(5) documentation of Department of Personnel endorsement of the Non-C (required only if the subject service involves training for state employees)	ompetitive procurement request:
select one: Documentation Not Applicable to this Request	Documentation Attached to this Request
(6) description of procuring agency efforts to identify reasonable, compet non-competitive negotiation :	itive, procurement alternatives rather than to use
This Contractor is currently providing a network of services for the TennCare Pr	ogram. This is an amendment to current contract.
(7) justification of why the F&A Commissioner should approve a Non-Com	npetitive Amendment:
The Bureau of TennCare is attempting to modify all of the MCO contracts to con amendment will allow continuation of services to the enrollees and further clarif administration requirements. TennCare would greatly appreciate the approval of Administration.	of this amendment by the Department of Finance and
AGENCY HEAD REQUEST SIGNATURE: (must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)	Maria de la companya
SIGNATURE DATE:	J 6-15-06

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FY: 04		\$140,449,188.5					
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FY	State Funde	Federel Funds	Funds	Other Funding		127,022,919.00
2002 \$	48,137,900.00	\$ 80,885,019,00			<b>\$</b>	137,049,700.00
2003 \$	50,389,400.00	\$ 86,660,300.00		ļ	\$	140,449,188.57
2004 \$	49,908,299.02	\$ 90,540,889.55		<del> </del>	\$	169,839,700.00
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2007 \$	29,970,350,00	\$ 54,949,500,00		<del>-</del>	\$	829,121,057.57
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FY: 02		\$127,022,810.0	0		sly incurred.	
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FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	ALL an	Amount (including nendments
2002	\$ 46,137,900.00	\$ 80,885,019.00			\$	127,022,919.00
2003	\$ 50,389,400.00	\$ 86,660,300.00			\$	137,049,700.00
2004	\$ 49,908,299.02	\$ 90,540,889.55			\$	140,449,188.57
2005	\$ 49,908,299.02	\$ 90,540,889.55		<u> </u>	\$	140,449,188.57
. 2006	\$ 24,954,149.51	\$ 45,270,444.77		ļ	\$	70,224,594.28
<b>SECOND</b>	\$ 221,298,047.55	\$ 393,897,542.87		1	\$	615,195,590.42
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		(scale) near that		lamencenijacioner	DERECTS ENTRY (PE	COMBIANTOS) TO SEE
Name:	Dean Daniel	(			ento zrosponek	
Address:	729 Church Street Nashville, TN	•				
Phone:	(615)532-1362			Is the Las call tend to	nding stracticy is	MITTON STREET
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Dean Daniel	1 2000	James	6/22/04	<b>公司</b> 在100个条件的图100个元件	DEMAN ENAMEDED OF THE COMMENT OF THE	THE RESIDENCE OF THE PARTY OF T
	AND THE PROPERTY OF THE PROPER	MIN MEN PINENTST			Hund ng/Gerbrice	
			<b>化工作的                                    </b>		Section 9-6-113, I, M.	
			and sementine mone			on, do hereby certify that n which this obligation is
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JOHN DEERE	(formerly Heritage N	iational Health Plan	of TN)	> ċ	•		
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Managed Care	Organization Service	es/Medically necessar	y Health Care Service	es to the TennCare	/Medicald Popul	ation	
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2003	\$ 50,389,400.00	<u> </u>	•		\$	137,049,700.00	
2004	\$ 49,908,299.02				\$	140,449,188.57	
2005	\$ 49,908,299.02	\$ 90,540,889.55			\$	140,449,188.57	
2006	\$ 24,954,149.51	\$ 45,270,444.77			\$	70,224,594.28	
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Name:	Dean Daniel		The second secon				
Address:	729 Church Street	•		is in Capitacolor	andorskapinom em		
Phone:	Nashville, TN				nim suretly u		
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Dean Daniel	1/20m	1 BNU	L 1212310		លកាលសូរទៀតលើប		
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			anis Americanie (VII)	C.	Section 9-6-113, I, M. ance and Administati	D. Goetz, Jr., lon, do hereby certify that	
	A CAMPANA A DEVAM			there is a balance in	the appropriation fro	m which this obligation is	
FY: 02 \$127,022,919.00				nat is not otherwise e	incumbered to pay		
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FY: 04		\$140,449,188.57	4		<u> </u>		
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314-66-029

Department of Finance and Administration

FA-02-14860-03

Bureau of TennCare

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/anaged Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicald Population

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With the Court				STARS	
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		Federal Funds	Funds :	Omer Foliality	\$ 127,022,919.00
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2002	\$ 46,137,900.00				\$ . 140,449,188.57
· 2003	\$ 50,389,400.00		-	ļ	140,449,188.57
2004	\$ 49,908,299.02				70,224,594.28
2005	\$ 49,908,299.02			<u> </u>	615,195,590.42
-2006	\$ 24,954,149.51	D D7			
	\$ 221,298,047.55	\$ 393,097,042.07			

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Name: Address: Phone: Dean Daniel 729 Church Street Nashville, TN (615)532-1362

Dean Daniel/

earthanel 6/30/03

	12/31/2005	\$0.00
FY: 02	\$127,022,919.00 \$137,049,700.00	\$0.00
FY: 03	\$137,049,700.00	\$3,399,400.01
FY: 04 FY: 05	\$137,049,700.00	\$5,595,400.01
FY: 06	\$68,524,850.00 \$606,696,869.00	
	(i) 4000/000/0	

Pursuant to T.C.A., Section 9-6-113, I. M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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Office of Contracts Review

		CONTR	ACTSUMMARY	SHEET	
RES Numbers				Common Nime	FA-02-14860-02
State Agency	Department of Finance	and Administration			Bureau of TennCare
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JOHN DEERE	(formerly Heritage	National Health Pla	n of TN)	☐ V-	
			Service Descriptions		The second of th
Managed Care	e Organization Service	ces/Medically necess	ary Health Care Servi	ces to the TennCa	re/Medicaid Population
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FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments
2002	\$ 46,137,900.00	\$ 80,885,019.00			\$ 127,022,919.00
2003	\$ 50,389,400.00	\$ 86,660,300.00			\$ 137,049,700.00
2004	\$ 50,389,400.00	\$ 86,660,300.00			\$ 137,049,700.00
<u>2005</u> ·	\$ 50,389,400.00	\$ 86,660,300.00			\$ 137,049,700.00
2006	\$ 25,194,700.00	\$ 43,330,150.00	<u> </u>		<b>5 68,524,850.00</b>
	\$222,500,800.00	\$ 384,196,069.00			\$ 606,696,869.00
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Name:	Dean Daniel	Seal Contactivities		Isabelgoricaetorais	Lereole number (mem 33) regions
Name: Address:	729 Church Street	•		Surcontacional	en de grande de la companya de la co
Phone:	Nashville, TN			<b>美国的代码通过</b>	
	(615)532-1362			IS CHEET IS CALLED THAT	
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		SEASO CONTROL SECTION		Pursuent to T,C.A., So	ection 9-6-113, I, C. Warren Neel,
	Propriest less (Maria de La Montalista, V. D.) and on the Australian and Australian Company of the Company of t	The American Service	THE Amendment ONE	Commissioner of Fina	ance and Administation, do hereby certify that
	<b>PARTY METODALIS</b>		<u> </u>	mere is a bajance in t Tregulard to be paid the	he appropriation from which this obligation is at is not otherwise encumbered to pay
FY: 02	<del></del>			obligations previously	
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JOHN DEERE	(formerly Heritage	National Health Plan	n of TN)	V-     C-	6	
			Service Description			<b>属性關係的是於實際觀</b>
Managed Care	e Organization Service	ces/Medically necessa	ary Health Care Servi	ces to the TennCar	re/Medicaid Pop	oulation
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FY	State Funds	Federal Funds	interdepartmental Funds	Other Funding		t Amount (including mendments
2002	\$ 46,137,900.00	\$ 80,885,019.00			\$	127,022,919.00
2003	\$ 50,389,400.00	\$ 86,660,300.00			\$	137,049,700.00
2004	\$ 50,389,400.00	\$ 86,660,300.00			\$ .	137,049,700.00
2005	\$ 50,389,400.00	\$ 86,660,300.00	<u> </u>		\$	137,049,700.00
2006	\$ 25,194,700.00	\$ 43,330,150.00		<u> </u>	\$	68,524,850.00
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lame:	Dean Daniel					
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hone:	(615)532-1362					
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Dean Daniel	Wean	Warrie	7/1/02			
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